

Registration Directions

(As of January 2011)

1. Open registration file (attached 'pdf' file) and review for any changes.
 - a. If any applicable field is blank, please report the information if possible.
2. Go to www.tn.gov/hstda , click on Medical Equipment (under Featured Topics) then click on Medical Equipment Submissions then click on Medical Equipment Registration...
 - a. If there are no changes:
 - ★ Click on "Correct As Is"
 - ★ Type in name of facility
 - ★ Type in county of facility
 - ★ Go to the bottom of the form and enter your "Signature" (Type in Name)
 - ★ Print (for your records)
 - ★ Click on Submit
 - ★ (Optional) Print "confirmation" that will appear upon submission.
 - b. If there are changes:
 - ★ Click on "Correction"
 - ★ Type in name of facility
 - ★ Type in county of facility
 - ★ Type/Click all changes only (*Everything else will be assumed correct.*)
 - ★ Go to the bottom of the form and enter your "Signature" (Type in Name)
 - ★ Print (for your records)
 - ★ Click on Submit
 - ★ (Optional) Print "confirmation" that will appear upon submission.
 - c. If there is new equipment to report or report a piece of equipment that was omitted
 - ★ Click on "Add Equipment"
 - ★ Follow directions for "Correction" but enter all known fields for only the new equipment.
All other information will be assumed correct unless otherwise told.
 - d. If replacing a listed piece of equipment:
 - ★ Contact Alecia Craighead (phone: 615-253-2782 email: alecia.l.craighead@tn.gov)
for instructions on how to complete registration form and Replacement/Upgrade form.
3. If more than one of same type of equipment needs to be reported, report each unit on a separate form following the appropriate directions (i.e. Correction, Add Equipment, Replace/Upgrade Equipment). In all cases, please identify equipment by either their name brand and type (i.e. CT scanner – GE – 4 slice) or by serial number for proper identification.
4. If a type of equipment is mobile or shared on a half day basis, please report the usage like:
1 half day/week OR 2 half days/week
5. Please make sure you have typed in the name of the facility prior to submission. Without the name, there is no way of knowing who is submitting the registration. There is also no way of determining where the transmission came from – received transmission does not have sender's email address attached.

6. Upon receipt of electronic, email, or hard copy submission, a confirmation (other than the system generated confirmation if doing electronic) will be sent to the listed contact person by Alecia Craighead within two (2) business days. If a receipt has not been received, contact Ms. Craighead for follow up (phone: 615-253-2782 email: alecia.l.craighead@tn.gov). Submissions have been lost in cyber space and mail service in the past. Receiving a confirmation ensures that your data is received and recorded timely. The system generated confirmation does not indicate the submission survived the journey through the state's server.

Notes:

- * The registration of equipment pertains to all Computed Tomographers, Magnetic Resonance Imagers, Linear Accelerators, Cyberknife and Gamma Knife, Lithotripters, and Positron Emission Tomographers that your facility owns, leases, or shares.
- * If a facility utilizes equipment at separate locations (i.e. different physical addresses), each location must report their equipment separately even if all locations are licensed together.
- * If at the time the reported contact person leaves before the next annual update, please inform Ms. Craighead of the departure and/or replacement so future correspondence can be received without interruption.
- * In regards to mobile and fixed units, please use the following definitions:
 - Fixed** = any unit "permanently" housed in a room on the health facility's campus.
No room to room mobility.
 - Mobile (Full)** = any unit on a mobile base (i.e. tractor trailer or has wheels attached) or live in a closet/room that is housed on site 5 or more days per week. If the unit travels room to room and lives on campus 24/7/365, it will be classified as Mobile(Full).
 - Mobile (Part)** = any unit on a mobile base (i.e. tractor trailer or has wheels attached) that is on site less than or equal to 4 days per week. This will include units brought in by vendors or units that live in a closet/room but are only allowed to be used 4 or less days per week.
- * "Assigned No." is the ID number or name given to a piece of equipment for the facility's inventory or to distinguish it from other similar equipment. This is not a required field.